



Islamic Center of Greater Toledo
REGISTRATION FORM
36th Annual Youth Recognition Dinner
Thursday, April 26, 2018 - 6:00 p.m.



Graduate's Information

Graduate's Name: _____ Cell: (____) _____ - _____
 Address: _____
Street City State Zip code
 Home Phone #: (____) _____ - _____ Email: _____

Name of **high school or college** you are graduating from: _____

Photograph enclosed: Yes No What men's size sweatshirt do you wear (XS – XXXL)? _____

Parents' Information

Father's Name: _____ Cell #: (____) _____ - _____
 Mother's Name: _____ Cell #: (____) _____ - _____

Academic Achievements/Special Interests

Future Plans

Please mail this completed form to:
Islamic Center of Greater Toledo
Attn: Religion & Education Committee
25877 Scheider Rd.
Perrysburg, OH 43551
 Or fax to: 419-874-9123

Tickets are \$15.00/Person
 Number of tickets..... _____
 Tables (8 seats) can be reserved
 Amount enclosed..... \$ _____
Reserve _____ table(s) for me, please.

If you have any questions, call, text or e-mail:

Rowaida Smidi-Darwich (cell)..... 419-936-4044
 Aneesa Shaheen, ICGT Secretary 419-874-3509

email: rsmidi-darwich@hotmail.com
 email: a.shaheen@icgt.org

All information must be submitted by **April 6, 2018**. Otherwise, we will not be able to recognize the graduate in our program or in the book.

***** Thank you for your support of the Youth Recognition Dinner *****

